U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - AU

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/04 Through: 12/31/09	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name BRAD I ROOKER	Name SHEET METAL WORKERS	
	Labor Organization File Number 542-616	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street	Street 2120 AUTO CENTRE DR.	
City .	City GLENOORA	
State ZIP Code + 4	State CA ZIP Code + 4 9.1740	
5. Position in labor organization. WEE PRECIDENT/ BUSINE	DE PEPRETENTATIVE	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name 7/ 1/2 1/4 (1)		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	And the state of t	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Posubmitted in this report (including the information contained in any accompanying undersigned by knowledge and bolist true correct, and complete (Oct.).	erjury and other applicable penalties of the law, that all of the information	

Date

If Broke

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incommendation dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name SANK OF NEW YORK Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 700 S. FLOWER SUITE 250 City Los ANGELES State CA ZIP Code + 4 900 17	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SHEET METAL BOVEFT AVMUSTRATION (AR) Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 111 N. SEPOLBEDA BLDA SVITE 100 City MANUSTRATION (AR) State ZA ZIP Code + 4 70 266		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name 2.1.		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City 7/IP Code + 4		
State ZIP Code + 4		

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

?

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	STORMAN STATE STAT
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street A. Street	c. Employer
City	·
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Control of the	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ONION LABOR LIFE LASVRANCE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 429 SANTA MONICA BLVD. SUITE 629

City SANTA MONICA BLVD. SUITE 629

State CA ZIP Code + 4 90407

14.b. Amount of payment.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Table Bleekees State	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	A Company of the Comp
P.O. Box, Bldg., Room No., if any	
Street de la	11.b. Approximate dollar value of such dealing.
City William Edition City Control of the City	12.a. Nature of interest held or income received.
State ZIP Code + 4	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

or Consultant

(including trade name, if any).

Name ONION I ABOR I FE INVRAME

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 422 SMAA MONICA BLID. SUTE626

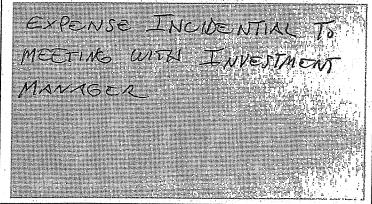
City SANTA MONICA BLID. SUTE626

State CA ZIP Code + 4 90407

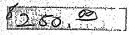
13.a. Name and address of Employer or Labor Relations Consultant

14.a. Nature of payment.

12.b. Amount.



14.b. Amount of payment.



13.b. Is the Business an Employer

8. Name and address of Business (including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street ## 12 12 12 12 12 12 12 12 12 12 12 12 12		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.		
Name		

9. Business deals with:



a. Labor Organization



b. Trust



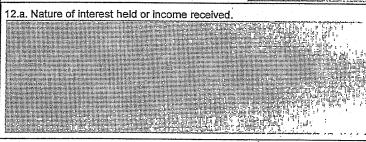
c. Employer

State Figure 1985	ZIP Code + 4
10. If 9.b. or 9.c. is checked give tr	ust or employer's name.
Name 海河流 三克克克 电电子	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	1-16. 1 m E - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
State State	ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.



12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

or Consultant

Name JANON LABOR I FE JANKS MANNE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 429 SANTA MONICA BLID. SUITE 626

City SANTA MONICA

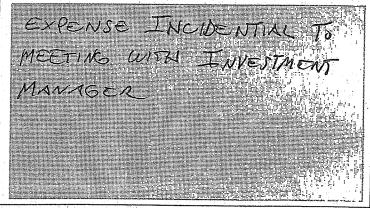
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13.a. Name and address of Employer or Labor Relations Consultant

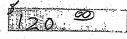
(including trade name, if any).

13.b. Is the Business an Employer

14.a. Nature of payment.



14.b. Amount of payment.



8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	a. Labor Organization b. Trust c. Employer
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.
P.O. Box, Bldg., Room No., if any Street	
	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant

14.a. Nature of payment.

Name JANION LABOR / FE INSURANTE

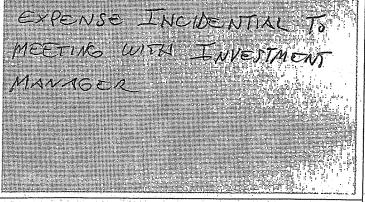
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 422 SANTA MONICA BLID. SITE 626

City SANTA MONICA

State CA ZIP Code +4 954 01

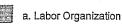


(including trade name, if any).

13.b. Is the Business an Employer

8. Name and address of Business (including trade name, if any).	
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rade Name, if any:	
O. Box, Bldg., Room No., if any	
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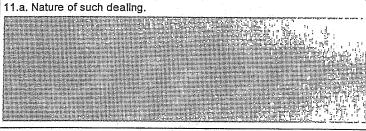
9. Business deals with:







10. If 9.b. or 9.c. is checked give trust or employer's name. Trade Name, if any: P.O. Box, Bldg., Room No., if any



11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received

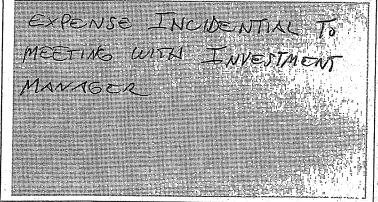


12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Trade Name, if any: P.O. Box, Bldg., Room No., if any ZIP Code + 4 9 och o 1 14.a. Nature of payment.



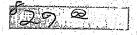
13.b. Is the Business an Employer



or Consultant



14.b. Amount of payment.



8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name VICTORY CAPITAL MANAGEMENT	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 19200 VON KARMAN AVE.	SERVED OF LINE POST OF THE POS
City IRV)WE	·
State C.A	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name SOI CALIF, SHEET METAL ADMINISTRATION (A	P PLAN TRUSTEE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street III N. SEPUL VEDA BUD.	11.b. Approximate dollar value of such dealing.
CH. MANAGER DESCRIPTION	12.a. Nature of interest held or income received.
State ZIP Code + 4 20 26 7	EXPENSE INCIDENTAL to
	MEETING WITH INVESTMENT!
	1 1241100 ER
	12.b. Amount. 59 9

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ZIP Code + 4 9 26/5

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any), /

Trade Name, if any: P.O. Box, Bldg., Room No., if any 9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

State

ZIP Code + 4 90257

11.a. Nature of such dealing

PLAN TRUPTER

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

EXPENSE INCIDENTAL to MEETING WITH INVESTMENT MANGER

12.b. Amount.

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Trade Name, if any: P.O. Box, Bldg., Room No., if any

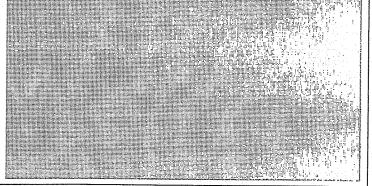
13.b. Is the Business an Employer



or Consultant



14.b. Amount of payment.



B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rwise dealing with the business iively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name VICTORY CAPITAL MANAGEMENT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 19253 VON KARMAN AVE. City IRVINE State ZIP Code + 4 926/2	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name So. CALIF. SHEET METAL ADMINISTRATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Street State ZIP Code + 4 50.26.7	11.a. Nature of such dealing. PLAN TRUSTEE 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. EXPENSE INCIDENTAL TO MEET WE WITH INVESTMENT, MANNS ER 12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.0. AHOUHL OF PAYMEN.

8. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer City ZIP Code + 4 9261 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN TRUSTEL Name O CALA HEET METAL ADMINISTRA Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. EXPENSE INCIDENTAL TO 4 ZIP Code + 4 90267 MEETING WITH INVESTMEN

8. Name and address of Business (including trade name, if any).	
Name SHEET METHL BENEFIT ADMINITRATION CORP.	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 7/1 N/ SEPULIEDA BLVD SUTE/00	
City MANHATTAN BEACH	
State C.A	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.
Name / A Section 1997	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

State 2 IP Code + 4 July 2 IP Code + 4	·
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN TRUSTEE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Street	11.b. Approximate dollar value of such dealing.
City public for the configuration of the configurat	12.a. Nature of interest held or income received.
State ZIP Code + 4	EXPENSE ASSOCIATED WITH
	EXPENSE ASSOCIATED WITH TRUSTEES QUARTERLY MEETING
	12.b. Amount. 6210.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any). Name Name	

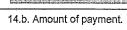
Trade Name, if any:

P.O. Box, Bldg., Room No., if any



ZIP Code + 4





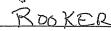


Street

City

State

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name HETEL BEVETT ADMINSTRATION CVRP. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street T.T., N. SELLVED A. BLVB., SUITE 100 City MANHATTAN BEACH State CA. ZIP Code + 4 90266	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. PLAN TRUSTEE	
P.O. Box, Bldg., Room No., if any Street		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. EXPENSES A STOCIATED WITH	
	TRUSTEES QUARTERLY MEETING	
	12.b. Amount. 105,	in the same



File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name HEET METAL BEVETT AMMUSTRATION CURP, Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 111: N SEPULVEDA BLVD- SUITE 100	Samuel Comments
City MANHATTAN BEACH	
State CA ZIP Code + 4 90266	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN TRUSTER
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 44 144 155 15 15 15 15 15 15 15 15 15 15 15 15	11.b. Approximate dollar value of such dealing.
City Life the representation of the control of the	12.a. Nature of interest held or income received.
State ZIP Code + 4	EXPENSES ASSOCIATED WITH
	TRUSTEES QUARTERLY MEETING

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bidg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

12.b. Amount.

8. Name and address of Business (including trade name, if any). Name HEET METAL BENETT ANNINOTRATION CVRP, Trade Name, if any: P.O. Box, Bldg., Room No., if any Street III. N. SERLVEDA BLVD. SUITE IDO City MANHATTAN BEACH State CA ZIP Code + 4 90266	9. Business deals with: a. Labor Organization b. Trust c. Employer	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
10. If 0.0. of 0.0. Is discassed give hast of omployer of hame.		
Name (Table 1997)	PLAN TRUSTEE	
P.O. Box, Bldg., Room No., if any		
Street Communication of the Co	11.b. Approximate dollar value of such dealing.	-
City ALEGISTAN TO THE CONTROL OF THE	Redutational accompanies of the control of the cont	-w_{
Only [American Market Street S	12.a. Nature of interest held or income received.	. *** 4
State ZIP Code + 4	EXPENSES ASSOCIATED WITH	1 4.
	TRUSTEES QUARTERLY MEETING	
P	12.b. Amount. 54, 60	-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name HEET METAL BEVETT ANNIVER WIND CVRP. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 111. N. SEALVED A. BLVD. SUITE 100 City MANHATTAN BEACH State CA ZIP Code + 4 90266	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. PLAN TRUSTEE 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. EXPENSES ASSOCIATED WITH TRUSTEES QUARTERLY MEETING.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

	Name and address of Business (including trade name, if any).	9. Business deals with:
	Name So. CALL. SHEET METAL JUINT APPREN. ETRALINIAL Trade Name, if any: JATC. P.O. Box, Bldg., Room No., if any Street 433 BALDWIN PARK BLVD. City CITY OF INDUSTRY State CA. ZIP Code +4 91746	a. Labor Organization b. Trust c. Employer
	10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing.
١	P.O. Box, Bldg., Room No., if any	

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

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12.b. Amount. 55-08

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name So. CAL SHEET METAL JOINT AFREN. & TRAINING Trade Name, if any: TATTCL. P.O. Box, Bldg., Room No., if any Street 433 BALDWIN PARK BLVD - City CITY OF TWOVSTRY State CA ZIP Code + 4 91746	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name (1991) (1992) (1993) (1994) (1994)	PLAN TRUSTEE
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street Callaga	11.b. Approximate dollar value of such dealing.
City public Analysis and the company of the company	12.a. Nature of interest held or income received.
State ZIP Code + 4	REIMBURSTMENT FOR MEALS
	12.b. Amount. 42.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer City ZIP Code + 4 🥞 🔭 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received REMBURSTUENT OF EXPENSES FOR MEALY ÉLOGGEING AT REGIONAL APPREN. CONTEST 12.b. Amount. P

or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name - Transfer - Callet - Cal		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street Street		
City 1955		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	
	Name and the Control of the Control	